

L&I CHIROPRACTIC CONSULTANT APPLICATION

Department of Labor and Industries
Provider Review and Education Section
PO Box 44322
Olympia WA 98504-4322
360-902-6817

Deadline:

Application packets may be
submitted any time

**This application is for doctors applying for second opinion examiner (consultant) status.
Current consultants do not need to reapply.**

If you qualify for Independent Medical Examiner status, follow the instructions online at:
<http://www.Lni.wa.gov/ClaimsIns/Providers/Treatment/IME/BecomeIMEProv/default.asp>

Instructions: Answer all requests below legibly. (Please print or type.) Submit this form with a copy of your current professional license and documentation of post graduate education.

1. Name:

Last

First

Middle Initial

2. Business address:

Street or PO Box

City

State

Zip Code

3. Business phone number:

Fax number:

E-mail address:

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4. Chiropractic Education: (Name each chiropractic college attended)

Chiropractic College

State

From (mo/yr)

To (mo/yr)

5. Doctor of Chiropractic degree granted by:

Chiropractic College

State

Date Issued (mo/yr)

6. Washington State Chiropractic License: (Provide photocopy of current license.)

Date Issued (mo/yr)

WA Professional License Number

7. Practice experience:

From (mo/yr)

To (mo/yr)

Number of years of clinical practice in WA:

/ to / Years

8. List the postgraduate degree(s) you hold:

9. Percentage of current practice devoted to active patient management: %

10. List all provider numbers you use with the Department of Labor and Industries:

11. Which provider number will you use to bill for consultations? _____

POST GRADUATE EDUCATION EXPERIENCE: *180 hours minimum are required*

Please list below all postgraduate education courses you have completed and submit proof.

Acceptable courses:

- Chiropractic treatment technique: A Maximum of 20 hours may be included,
- Diagnostic assessment,
- Diagnostic imaging,
- Exam and evaluation methods,
- Neurology,
- Occupational health practices,
- Orthopedics.

Documentation may include official sealed transcripts from chiropractic colleges or certificates of completion from seminar sponsors and must show the number of classroom hours attended, plus a syllabus or topic list for each seminar.

Hours will not be considered unless all of the requested information is attached to this application form.

Course Title	Hours	Dates Attended	Sponsor (College)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

(Attach additional sheets, as necessary.)

TOTAL POST GRADUATE HOURS: _____

SIGNATURE:

I certify that the information provided in this application is correct. I understand that if I am accepted as an approved Chiropractic Consultant and any of the information I have provided is found to be incorrect or misleading, my consultant status may be revoked immediately

If accepted to be an approved chiropractic consultant to perform second opinion examinations, I agree to uphold the department's performance and continuing education standards for chiropractic consultants.

Signature

Date